



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
WASHINGTON, D.C. 20372

IN REPLY REFER TO
BUMEDINST 5100.11
BUMED-51A
14 October 1977

BUMED INSTRUCTION 5100.11

From: Chief, Bureau of Medicine and Surgery

Subj: Aeromedical Safety Officer (AMSO) Program; establishment of

Encl: (1) Relationship between the Aeromedical Safety Officer
and the Supporting Activity

(2) AMSO Program; mission and function of

1. Purpose. To promulgate the mission and function of the Aeromedical Safety Officer (AMSO) Program.

2. Background. A number of flight surgeon, aviation physiologist, and aviation experimental psychologist billets have been identified and assigned to the AMSO Program to assure continued direct aeromedical safety support to Navy and Marine Corps aviation establishments.

3. Assignment and Command Relationships. The AMSO Program is under the command and support of the Bureau of Medicine and Surgery via BUMED field activities as follows:

AREA

East Coast
Pensacola
Corpus Christi
West Coast
Hawaii

AMSO SUPPORT

NAVENPVNTMEDU-2
NAVAEROSPREGMEDCEN
NAVENPVNTMEDU-2
NAVENPVNTMEDU-5
NAVENPVNTMEDU-6

Additional administration and command relationships are set forth in enclosure (1).

4. Action

a. In accomplishment of the assigned mission, AMSOs shall perform the functions as set forth in enclosure (2).

b. Requests for changes or modifications shall be submitted to BUMED (Code 51).

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**RELATIONSHIP BETWEEN THE AEROMEDICAL SAFETY OFFICER
AND THE SUPPORTING ACTIVITY**

1. Purpose. To delineate the relationship of the Aeromedical Safety Officer (AMSO) and the supporting activity to which each is assigned.

2. Orders

a. Permanent change of station (PCS) orders to the supporting activity will include additional duty (ADDU) to the appropriate operational commander.

b. Operational control of the AMSO is assigned to the senior command to which the AMSO has additional duty.

c. Temporary Additional Duty orders may be written for the AMSO by commands to which the AMSO is assigned additional duty (ADDU) in accordance with current directives.

3. Funding. All funding support (travel, per diem, equipment, supplies) of AMSO personnel will be derived from sources other than the O&MN budget of the supporting activity.

4. General Administration

a. The Administrative/Health records of the AMSO assigned outside the local area of the supporting activity will be maintained by the ADDU command. The supporting activity will maintain custody of the records of the AMSO assigned in the local area. In cases where the records of the AMSO are maintained by the ADDU command, the AMSO shall notify the supporting activity by letter of the location of the records.

b. Reporting and detaching diary entries shall be accomplished by the supporting activity.

c. The supporting activity commanding officer/officer in charge is the primary reporting senior for fitness reports on the AMSO assigned by PCS orders to his activity; however, in practice this will be only endorsement and concurrence of the fitness report prepared by the ADDU command at which the AMSO is physically located for the performance of duty.

d. Requests for annual leave, emergency leave, and permissive travel will be administered by the command holding personnel records of the respective AMSO; copies of these leave and travel orders will be forwarded to the supporting activity in those instances where the latter are not in the local area.

e. Each AMSO shall submit a resume of activities monthly to the (commanding officer/officer in charge) supporting activity with copies to BUMED (Code 51A) and the appropriate operational commander.

Enclosure (1)

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MISSION AND FUNCTIONS OF THE AEROMEDICAL SAFETY OFFICER (AMSO) PROGRAM

1. Mission. To provide specialized consultation, advice, and recommendations in aeromedical aspects of safety, training, and operations of Navy and Marine Corps aviation.

2. Functions

a. As directed by the Chief, Bureau of Medicine and Surgery, to include, but not limited to the following:

(1) Participation in local aviation safety programs in cooperation with unit safety officers, flight surgeons, and Aviation Physiology Training Units (APTUs).

(2) Continual monitoring of availability, maintenance, and use of aviation life support systems (ALSS), within local units, with appropriate reporting of discrepancies/submission of safety Unsatisfactory Reports (URs)/development of operational requirements (ORs).

(3) Continual monitoring of problems encountered in adhering to the requirements of OPNAVINST 3710.7 (NATOPS, General Flight and Operating Instructions Manual; promulgation of (NOTAL)) and other pertinent instructions, and the establishment of appropriate liaison in solving those problems.

(4) Participation on relevant boards/committees as directed by operational commanders.

(5) Participation in the readiness evaluation of aviation units as directed.

(6) Evaluation of the aeromedical aspect of local search and rescue plans.

(7) Establishment of liaison with the Naval Environmental Health Center and occupational and regional preventive medicine services (NRMCS) for correlation of matters pertaining to aviation medicine and safety.

(8) Establishment of liaison with local naval regional medical centers for aeromedical consultation and assistance.

(9) Development of lesson plans on subjects pertaining to aeromedical safety/survival for use by local flight surgeons/safety officers.

(10) Continuous review and submission of recommended changes to all publications dealing with aeromedical safety (MANMED, OPNAVINST, NATOPS, NAVAIR 13-1-6 series, etc)

Enclosure (2)

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(11) Submission of pertinent articles to appropriate Navy/safety physiology and medical publications.

(12) Coordination of epidemiological approaches to accident trends and causes.

b. As assigned by the aviation type commander:

(1) Investigation of selected aviation accidents.

(2) Provide expert technical and professional consultative services to local flight surgeons in the preparation of the OPNAV 3750/1, Aircraft Accident Report, and the OPNAV 3750/8A-8I, the Medical Officers Report.

(3) Evaluation of local **preaccident plans with emphasis on** the aeromedical participation and support.

(4) Coordination of epidemiological approaches to accident trends and causes.

c. Subject to concurrence of operational commander, provide special support to the Naval Safety Center (NAVSAFECEN) as requested.